

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35257

State File No. _____

NOV 6 1943

Registration District No. 210

Primary Registration District No. 5773

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Meru
 (b) City or town Princeton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 weeks
 (Specify whether years, months or days)
 In this community all his life

3. (a) PRINT FULL NAME Willis K. Helton

3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced, single
 6. (b) Name of husband or wife. ✓
 6. (c) Age of husband or wife if alive. ✓ years
 7. Birth date of deceased May 17 1875
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 4 23 hr. min.

9. Birthplace Meru Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John K. Helton
 13. Birthplace Ind
 (City, town, or county) (State or foreign country)
 14. Maiden name Dadson
 15. Birthplace Ind
 (City, town, or county) (State or foreign country)

16. (a) Informant Ben Helton
 (b) Address Grant City, Mo.
 17. (a) Burial (b) Date thereof Oct 11 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hugh
 18. (a) Signature of funeral director Paul Marx
 (b) Address Princeton, Mo.
 19. (a) 10/12/43 (b) Peru Alley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Meru
 (c) City or town Princeton Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Morgan Trwp.
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
 year 1943 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from Sept 16 1943 to Oct 10 1943
 that I last saw him alive on Sept 16 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Larynx
 Due to ✓
 Due to ✓

Other conditions (Include pregnancy within 3 months of death) 462
 Major findings: Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Dr. Dickert (M. D. or other)
 Address Princeton, Mo. Date signed 10/11/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
....., Registered Apprentice No.
working under my personal supervision.

Signed Paul Moss
.....
Licensed Embalmer No. 2634
P. O. Address Sumner Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *Nov*

Registration District No. *210* Primary Registration District No. *5773* Registrar's No. *156*

1. PLACE OF DEATH:

(a) County *Meru*
(b) City or town *Rural Morgan*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *County Hospital*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME *Willis K Helten*
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *S*
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased *May 17*
(Month) (Day) (Year)

8. AGE: Years *68* Months *4* Days *3* (less than one day) min.

9. Birthplace *Mo.*
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) *Jennie Allen* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct* day *19* year *1943* hour minute M.

21. I hereby certify that I attended the deceased from *1943* to *1943*, 19...; that I last saw him alive on *1943*, 19...; and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

35257